

Physical Health Plan 2024-2027

Document Reference No.	KMPT.CliG.167.02
Replacing document	KMPT.CliG.167.01
Target audience	All staff
Author	Corporate Head of nursing
Group responsible for developing document	Trust Wide Patient Safety and Mortality Review Group
Status	Authorised
Authorised/Ratified By	Trust Wide Patient Safety and Mortality Review Group
Authorised/Ratified On	January 2025
Date of Implementation	January 2025
Review Date	January 2027
Review	This document will be reviewed prior to review date if a legislative change or other event otherwise dictates.
Distribution date	January 2025
Number of Pages	147
Contact Point for Queries	kmpt.policies@nhs.net
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DOCUMENT TRACKING SHEET

Physical Health Plan

Version	Status	Date	Issued to/approved by	Comments
1.0	Approved	August 2018	Trust Wide Patient Safety and Mortality Review Group	Ratified.
1.1	Draft	January 2025	Trust Wide Patient Safety and Mortality Review Group	
2.0	Final	January 2025	Trust Wide Patient Safety and Mortality Review Group	Approved with assurance to be given to Quality Committee

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RELATED POLICIES/PROCEDURES/protocols/forms/leaflets

SUMMARY OF CHANGES

Date	Author	Page	Changes (brief summary)
January 2025	Matron for IPC and Physical Health		Full document update and title change from 'Strategy' to 'Plan'

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1 INTRODUCTION

- 1.1 Kent and Medway NHS and Social Care Partnership Trust (KMPT) had produced our Physical Health Plan in collaboration with our patients, staff, carers, relatives and representatives from our commissioners. Together, we have developed the Plan based on feedback and suggestions during our focus groups and task and finish groups where physical health priorities were identified, ensuring a collaborative approach to the Physical Health Plan.
- 1.2 Our trust is one of the larger mental health trusts in the country, covering an area of 1,450 square miles. We serve 1.8 million people across Kent and Medway.



- 1.3 Each year across the UK around 1 in 4 people will experience mental ill health. Mental illness is the second-largest source of burden of disease in England and we know that for people with serious mental illness, 2 in 3 deaths are caused by physical illnesses that can be prevented.
- 1.4 Over recent years we have seen nationally and locally a rising and changing demand for health services, including mental health. The pandemic has also added extraordinary pressure to the NHS and exposed stark inequalities in our society

- 1.5 Approximately 12,000 people in Kent and Medway are estimated to have a severe complex mental illness such as schizophrenia, bi-polar disorder, personality disorder or an eating disorder.

2 PURPOSE OF PLAN

- 2.1 This three-year update builds on the previous Plan's aims to highlight the challenges facing patients and reduce barriers to delivering effective integrated care. Our aim is to help people live their lives to their full potential by supporting them to achieve good mental and physical health. The Plan aims to support the delivery of quality physical health care by ensuring that our staff are equipped with the appropriate resources and skills to support our patients to achieve the best outcomes
- 2.2 Poor mental health is a major risk factor implicated in the development of cardiovascular disease, diabetes, chronic lung diseases and a range of other conditions. It is also a major public health issue in its own right, accounting for 23 per cent of the burden of disease in the United Kingdom (Naylor et al, 2016). This Plan is aligned to the government's NHS Long-Term Plan 2019 which aims to reduce the inequality between mental and physical health by pledging that Mental health services will receive a growing share of the NHS budget. It will also encompass the '10 key actions: Improving the physical health of people living with severe mental illness' within the 'NHS England Improving the physical health of people living with severe mental illness guidance' (NHSE, 2024) which is

3 BACKGROUND AND NATIONAL AND LOCAL CONTEXT

- 3.1 People with SMI often experience poor physical health as well as poor mental health. They frequently develop chronic physical health conditions at a younger age than people without SMI. These chronic conditions include obesity, asthma, diabetes, chronic obstructive pulmonary disease (COPD), coronary heart disease (CHD), stroke, heart failure and liver disease. People with SMI are at increased risk of developing more than one of these chronic conditions (Office for Health Improvement & Disparities, 2023). The life expectancy for people with a serious mental illness is 15 to 20 years below that of the general population, largely as a result of raised rates of cardiovascular disease and other physical health conditions. It is estimated that for people with SMI, 2 out of 3 deaths are from physical illnesses that can be prevented. Physical health issues are also highly prevalent among people with eating disorders, personality disorders, drug or alcohol use disorders, or untreated depression or anxiety. Most of these premature deaths are avoidable if people receive the right care, in the right place and at the right time (Office for Health Improvement & Disparities, 2018).
- 3.2 The impact of mental illness and co-morbid physical health problems puts our patients at a higher risk of cardio-metabolic disorders compared to the general population. This increased risk is contributed to by chaotic or sedentary lifestyles, poor engagement with health promotion activities, poor nutrition, social and housing problems or self-neglect and the side effects of some

medications to treat mental disorders; these added risk factors can make our patients more vulnerable to serious and long term conditions such as cancer, lung disease, diabetes, cardiovascular disease (including stroke and raised blood pressure and cholesterol) and obesity.

3.3 A large volume of evidence points to key causes of poor physical health in people with a serious mental illness (PHE, 2018). For example, we know that when compared to the general population, people with SMI:

- have 50% higher obesity and alcohol misuse rates
- are approximately twice as likely to smoke
- are less likely to engage in physical activity
- are more likely to have a poor diet
- are more likely to have dental problems
- are more likely to engage in high-risk sexual behaviours

3.4 The reasons for this increased burden of physical ill-health and reduced life expectancy are due to complex and interrelated factors. These include:

- wider social factors such as unemployment and poverty
- increased behaviours that pose a risk to health such as smoking and poor diet
- lack of support to access care and support
- effects of medication which include weight gain
- stigma, discrimination, isolation and exclusion preventing people from seeking help
- diagnostic overshadowing, which is the misattribution of physical health symptoms to part of an existing mental health diagnosis, rather than a genuine physical health problem requiring treatment

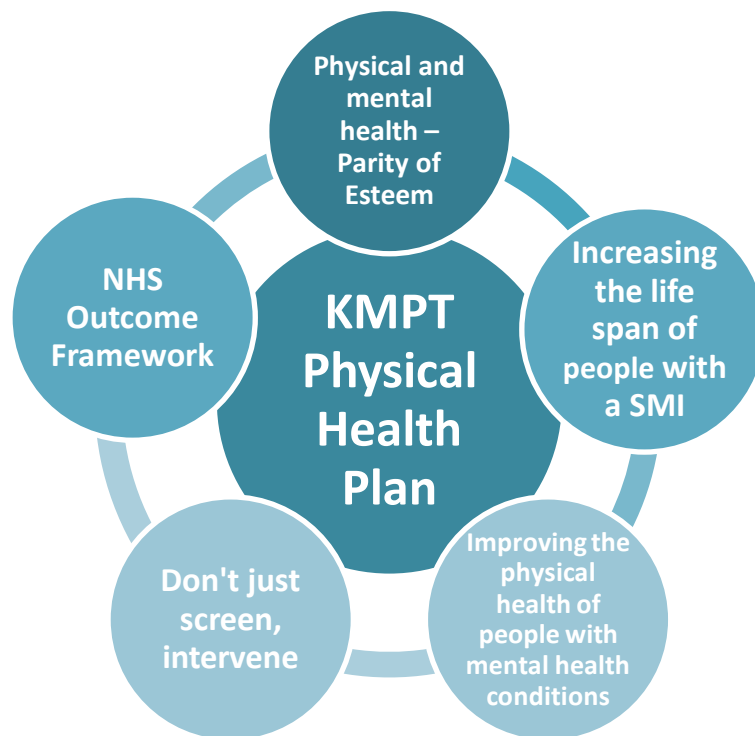
3.5 If not appropriately addressed, some antipsychotic medications can substantially increase the risk of obesity and Type II Diabetes, by increasing appetite and causing difficulties with lipid and glucose levels.

4 POLICY DRIVERS

4.1 Over the last few years national policies and guidance have placed increasing emphasis on improving parity across mental and physical health support rather than seeing the two in isolation.

- NHSE (2024) Improving the physical health of people living with severe mental illness
- NHS Long Term Plan (2019) How the plan will improve care for patients over the next ten years.

- Bringing together physical and mental health: A new frontier for integrated care. *King's Fund*, London. (2016) which provides compelling evidence for integrated care and provides guidance on areas to improve quality of care and outcomes.
- Care Quality Commission (CQC) fundamental regulations 9 and 12; to provide person centred care and safe care and treatment.



- 4.2 Locally, we have our organisational policies, our Clinical Plan and a Kent and Medway wide Sustainability and Transformation Programme (STP) and will use this opportunity to provide physical health within mental health care across the whole healthcare system.

5 CURRENT POSITION IN KMPT

- 5.1 In developing this Plan, we reviewed national guidance and policies, and looked to build on the existing physical health improvements that are already taking place across the Trust including:
- driving up the quality of our physical health checks to help to prevent cardio metabolic syndrome.
 - having a Clinical Plan that is committed to providing high quality, safe and effective treatment'

- having a Staff Health and Well-being Plan which demonstrates the Trust's commitment to be a quality and caring employer of choice that is invested in the health and welfare of its employees.
- We currently have dedicated Physical Health Nurses employed by the trust and most of which are working within Directorates on our wards and within community settings.
- effectively utilising any learning from serious incidents to inform changes in our physical health processes and practice.
- Our Allied Health professional colleagues are leading on physical health promotion activities such as gardening, health walks and using technology (Apps such as NHS couch to 5K, Map my walk and BMI tracker) to promote for self-help strategies.

6 OUR KEY PRIORITIES

Physical health screening and monitoring is no longer the sole responsibility of physical healthcare professionals, such as GPs and practice nurses in primary care services. Every health and care professional has a role to look after the whole person.

- 6.1 We have agreed five key physical health priorities to ensure that we will support our patients (and, where appropriate, their relatives and carers) and staff to make healthier life choices which would help to reduce the risk of heart disease, diabetes or cancer.
- 6.2 We will ensure equal emphasis on identification of physical health needs and follow up care and treatment using the slogan – 'screen and intervene', which may include referral and access to appropriate specialist services. This will help us to achieve year on year improvements across a range of physical health indicators for our patients for example smoking cessation, obesity, diabetes, cholesterol, alcohol and drug consumption, including prescription medicine misuse).
- 6.3 We will continue to work in collaboration with our stakeholders to achieve a whole system approach for ongoing improvements in physical and mental health outcomes for the local population.
- 6.4 We will continue to support staff to be confident and competent in their knowledge and skills to support our patients in achieving their best possible physical health outcomes.
- 6.5 We will continue to drive innovation through the use of technology within our Directorates to support improvement in physical healthcare.

Our 5 Key priorities

- 1. We will support our patients, (and, where appropriate, their relatives and carers) to make life choices which will help to reduce the risk of:**

- Heart disease
- Diabetes
- Chronic lung disease
- Liver disease
- Cancer
- Health issues related to alcohol and prescription medications

Supporting our patients to make informed choices about their physical health is at the heart of quality improvement. Our patients have told us that they will become confident to manage their physical and mental health more effectively if provided with the necessary information to self-manage their physical health and make healthy life choices.

Peer support groups and staff led groups have shown us that our patients can receive or offer support to people in a similar situation to themselves or can empathise as a helpful way of bridging the gap between mental and physical health.

What will we do to achieve this?

- We will continue to effectively promote good health with equal emphasis on the mental and physical wellbeing of our patients.
- Implement the physical health in mental health booklet, developed by the forensic service matron, by 2025 in collaboration with patients and staff, explaining what physical health monitoring will be undertaken and why and offer guidance on living a healthier lifestyle (see appendix A).
- We will continue to remain a smoke free organisation and strengthen, through continued delivery of our staff stop smoking training, the Tobacco Dependency agenda in line with the NHS Long Term Plan. We will ensure that staff are able to provide very brief advice, increased intervention with onward referral or signposting to local smoking cessation services e.g. OneYou or Medway smoking cessation service.
- We will continue to provide group or individual educational sessions on a healthier lifestyle on our acute inpatient wards and rehabilitation units in collaboration with our Allied Health Professional colleagues.
- We will signpost or refer to partner organisations who provide local health education sessions to support a healthier lifestyle e.g. healthy eating choices, exercise, smoking, alcohol consumption, illicit substances.
- We will ensure that our patient's views always inform our decisions around physical health within our organisation.
- We will continue our staff health and wellbeing initiatives such as our regular ward-based Staff Wellbeing clinics and Flu campaigns. Our ambition is that these initiatives will support a reduction in staff sickness and improved general well-being.

- We will support our patients and carers to access the inpatient pharmacy drop in clinics to receive timely information about their medicines.
- We will ensure that prescribers follow best practice and utilise specialist advice from our pharmacy department to reduce any adverse impact from prescribed medications.

How will we monitor progress?

- Through physical health training and education, our staff will support our patients to be more aware of their physical health risks and in turn be more empowered to make informed choices about their care and interventions.
 - Our patients will receive a physical health booklet by 2026.
 - We will continue to see an improvement in positive feedback on our Patient Reported Experience Measures Survey.
 - We will see an improvement in the completion of patient physical health screens and actions plans in our community services.
 - We will increase the number of our staff completing the Stop Smoking Practitioners course and the 'Physical Health in Mental Health' training.
 - We will receive positive feedback from our staff on the benefits of our staff well-being-initiatives.
- 2. We will ensure equal emphasis on assessment and identification of physical health needs and associated follow up care and treatment 'Screen and intervene', which may include referral and signposting to appropriate services. This will help us to achieve year on year improvements across a range of physical health indicators for our patients for example smoking cessation, obesity, diabetes, cholesterol, alcohol and drug consumption, including prescription medicine misuse.**

We are making good progress in addressing the physical health risks and reducing premature death for our patients, some of which is being achieved through the physical health Commissioning Quality and Innovation (CQUIN) framework.

We are using the Lester cardio-metabolic Tool which includes screening on smoking status, lifestyle - including exercise, diet, alcohol and drugs, body mass index, blood pressure, glucose regulation, blood lipids as an intervention framework for our patients.

We are working toward achieving NICE guidance best practice concerning the physical health checks required when prescribing psychotropic medication as per the Minimum Physical Health Monitoring Requirements for Commonly Prescribed Psychotropic Medications.

What will we do to achieve this?

- Admission to one of our inpatient wards or contact with our community teams will be seen as an opportunity to improve our patients mental and physical health, taking a 'whole person' perspective. Through our mental and physical health screening tools on OpenRiO, all patients admitted to our inpatient facilities receive a physical examination within 72 hours of admission, with necessary investigations carried out promptly.
- Our staff are now trained in how to recognise a deteriorating patient, intervene and escalate concerns in a safe and timely manner.
- Within our community settings, physical health checks are offered alongside the administration of mental health medication clinics such as Depot and Clozapine clinics and appropriate action taken if there is an abnormal reading.
- We routinely offer our patients support to give up smoking, providing specialist smoking cessation advice for patients on medications such as Clozapine.
- We will support with reducing alcohol consumption or illicit drug taking, and where necessary, support referral to the relevant specialist teams.
- We will continue to complete further relevant assessments upon admission including falls risks, nutrition, skin integrity and venous thromboembolism risk, liver disease and drug, alcohol and tobacco related risks. Timely intervention will be coordinated according to the patient's needs.
- We have a robust service level agreement in place for the provision of specialist community services including tissue viability, Speech and Language Therapy (SaLT), Diabetes care, Dieticians and podiatry.
- We will continue to utilise our 'Minimum Physical Health Monitoring Requirements for Commonly Prescribed Psychotropic Medications' based on the National Institute of Clinical Excellence (NICE) guidance to ensure that there is a robust system in place for the regular monitoring of psychotropic medications and their impact on physical health. Monitoring plans and schedules will ensure that any side effects are identified in a timely way and a plan developed with the patient to reduce their impact.
- We will ensure that that all necessary medical devices are available and up to date; and are staff competent to perform physical health checks to use them.
- We will ensure that resuscitation equipment is available and checks are up to date as per National Guidelines.

How will we monitor progress?

- Our Quality checks and physical health audits will show a 95% completion rate of physical health screens by 2025, taking into account when patients have been asked and declined this service. If a patient refuses a full or partial physical health check, there will be evidence within their plan of care to work with them to address this.
- We will continue to undertake quality audits to drive the quality of care provided to our patients with psychoses. The reports will enable us to further identify priorities for quality improvement related to physical health.
- We will consistently complete annual National Early Warning Scores (NEWS2) audits (as part of the resuscitation audit) to maintain good practice on identification of physical health issues and the deteriorating patient, to enable timely intervention and the best possible outcomes for our patients.
- We will be improving and achieving physical health related CQUIN targets for each year.
- We will have a reduction in patient falls resulting in harm.
- We will see an increase in the number of staff completing the physical health in mental health training.
- We will continue to undertake research in physical health related studies.

3. We will work collaboratively with key stakeholders to achieve a whole systems approach for improvements in physical and mental health outcomes for the local population.

Our ambition is to ensure that across Kent and Medway we deliver excellent, safe, supportive and cost-effective physical health care for people with a mental health condition regardless of where people are accessing a health care service.

What will we do to achieve this?

- We will ensure efficient and timely sharing of relevant health information with our local GPs, Community Trust and Acute Hospitals.
- Working together with our stakeholders, we will help to redesign physical and mental health services at a locality level to deliver enhanced primary care.
- In line with our Food and Drink Plan we will ensure that choosing healthy food options is made easy across all our sites.
- Include additional physical health checks to ensure parity with Primary Care.
- We will refer to specialist community services including Tissue Viability, Speech and Language Therapy (SaLT), Diabetes care, Dieticians, Physiotherapy and Podiatry.

- We will work in collaboration with partner organisations to provide clinically sound, evidence-based healthcare to achieve better physical outcomes for the population.
- We will play an active role in the Community of Practice Network (COPN) for the NHS Long Term Plan Tobacco Dependency Programme and provide metrics when required.

How will we monitor progress?

- We will have a collaborative, whole systems approach to providing physical health checks for our patients, achieving parity of esteem for mental and physical health needs.
- We will be working to our agreed processes concerning screening, diagnosis, treatment, monitoring and intervention. These will be monitored through clinical audits and feedback from our regulators and commissioners.

4. We will ensure that our staff are confident and competent in their knowledge and skills to support our patients in achieving their best possible physical health outcomes.

Our staff are in unique position to help and empower people with a serious mental illness (SMI) to improve their physical health. We aim to support staff by building on existing skills and knowledge to help reduce risk factors known to adversely affect the physical health of people with an SMI.

What will we do to achieve this?

- We will ensure that the relevant physical health training is available for staff, for example, cardiometabolic syndrome, infection prevention and control, diabetes, physical health in mental health, NEWS2 Early Warning Scoring (NEWS2), wound care, medical devices, Immediate Life Support (ILS) and Basic Life Support (BLS).
- Smoking cessation practitioner courses will be made regularly available for staff to attend to support their patients cut down/stop smoking tobacco.
- We will implement the Competency Skills Framework for all clinicians in order to support staff to identify their competency levels and to highlight areas of further training/support in practice as required.
- There will be an increased focus on the employment and retention of RGNs for our inpatient, community and specialist settings with clear career pathways.
- We will operate the Physical Health Education Centre to enable us to train staff and continue to build upon the progress we have made in recognising the deteriorating patient and to ensure that we have staff who are competent and

capable in the cardio metabolic physical health assessment, monitoring and intervention and signposting for their patients.

- We will ensure that medical device eLearning, and team bases support, for managers and staff is available to ensure that they are able to assess their staff competencies in the use of medical devices.
- We will continue to develop good relationships with acute trust colleagues through our liaison services to enable timely and effective response to escalated physical health care needs of our patients.
- We will continue to be innovative and explore the use of technology to support effective monitoring and interventions in physical health care in collaboration with our digital partners.

How will we monitor progress?

- We will have excellent practice in relation to the recognition of a deteriorating patient. This will be monitored through incident data reports and local NEWS2 audits.
- Essential physical health training compliance targets (variable dependant on course) are met.
- We will have positive training evaluation feedback and develop action plans to address any gaps.
- Our training feedback will show us that our staff are more confident and competent in managing physical health needs within mental health, including screening and monitoring.
- Sufficient and relevant training courses available for our staff to book on to.

5. We will continue to drive innovation through the use of technology within our Directorates to support improvement in physical healthcare.

Being proactive and open to exploring contemporary technology, which can act as a catalyst to achieving the aims and objectives of the Physical Health Plan.

What will we do to achieve this?

- Collaborative working with RIO and IT to make workable improvements in how physical health information is recorded, making processes easier and safer to use
- We have implemented eOBS on our inpatient wards to enable vital signs, Bristol stool chart etc to be captured on an iPad straight to OpenRio, but the plan is to provide eOBS for our community teams.

- We will share relevant information with the system via the Kent and Medway Care Record (KMCR).
- To utilise OpenRiO to capture patient vaccination status and to use electronic recording of staff vaccination status using the local and national systems.

How will we monitor progress?

- We will see the physical health agenda supported through our Digital transformation work to improve our storage and sharing of vital clinical information for timely clinical interventions.
- We will be able to readily access metrics regarding vaccination status for patients and staff.
- eOBS will be available for community teams.

7 MONITORING OF THE PLAN

- 7.1 This Plan will be monitored through the Trust Wide Physical Health Group reporting to the Trust wide Patient Safety and Mortality Group which is chaired by the Chief Nurse.
- 7.2 This Plan will report to the Trust board as directed by the Chief Nurse.

8 CONCLUSION

- 8.1 This Plan has been co-produced with the engagement of our patients, staff, carers, relatives and representatives from all Clinical Commissioning Groups. It recognises the need to improve the physical health requirements of our patients and develop a plan to meet this need in a focussed and integrated way.
- 8.2 This Plan offers an opportunity to actively engage our staff to assess, advise, provide intervention, monitor and treat (or signpost to the relevant specialists) the physical health needs of our patients.

9 EQUALITY IMPACT ASSESSMENT

- 9.1 The Equality Act 2010 places a statutory duty on public bodies to have due regard in the exercise of their functions. The duty also requires public bodies to consider how the decisions they make, and the services they deliver, affect people who share equality protected characteristics and those who do not. In KMPT the culture of Equality Impact Assessment will be pursued in order to provide assurance that the Trust has carefully considered any potential negative outcomes that can occur before implementation. The Trust will monitor the implementation of the various functions/policies and refresh them in a timely manner in order to incorporate any positive changes.

10 HUMAN RIGHTS

- 10.1 The Human Rights Act 1998 sets out fundamental provisions with respect to the protection of individual human rights. These include maintaining dignity, ensuring confidentiality and protecting individuals from abuse of various kinds. Employees and volunteers of the Trust must ensure that the trust does not breach the human rights of any individual the trust comes into contact with.

APPENDIX A

PATIENT PHYSICAL HEALTH LEAFLET



Patient Physical
Health Bi-Fold Leaflet